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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875											ing Date 17/2006	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY	
FOR			NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A		Ш	N/A		1	N/A		
	SEARCH FEE (37 CFR 1 16(k), (i), a	or (m))	N/A		N/A		П	N/A		]	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		Ш	N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =				П	x \$ =		OR	x s =		
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 = *					x \$ =			X \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE she is \$ add	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							П			1			
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		]	TOTAL		
APPLICATION AS AMENDED – PART II  (Column 1) (Column 2) (Column 3)								SMAL	L ENTITY	OR		ER THAN ALL ENTITY	
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		NUMBER PREVIOU PAID FOI	} JSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(ii)		Minus	**			П	x s =		OR	x s =		
	independent (37 CFR 1.16(h))		Minus				П	x s =		OR	X S =		
Ā	Application Size Fee (37 CFR 1.16(s))												
′	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))						Ш			OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Colum		(Column 3)							
AMENDMENT	04/01/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(i))	<sup>-</sup> 19	Minus	·· 20		= 0	П	X \$ =		OR	X \$52 =	0	
	Independent (37 CFR 1.16(h))	· 3	Minus	<b></b> 3		= 0	П	X \$ =		OR	X \$220 =	0	
闦	Application Size Fee (37 CFR 1.16(s))						П			l			
ΑV	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(ii))						П			OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

This collection of information is equined by \$7 CFR 1.16. The information is required to obtain or retain a second by the public widths in 16 figured by the USFTO to moderate in respectation. Confidentifying is ownered by \$8 US of 122 and \$7 CFR 1.16. This collection is externated by the public value for complete incompleted application form to the USFTO. Time well very depending upon the included case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burden, allowed be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Parlates, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Parlates, P.O. Box 1450, Alexandria, VA 22313-1450.